

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Granite State Solutions			FEC IDENTIFICATION NUMBER ▼ C C00580381		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Main Street Media Group			Date of Public Distribution/Dissemination 09 / 06 / 2016		
Mailing Address PO Box 25093			Amount 2275095.15		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.4151 Date of Disbursement or Obligation 08 / 31 / 2016		
Purpose of Expenditure Media Buy		Category/Type 004			
Name of Federal Candidate MARGARET WOOD HASSAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 2775452.65			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RSM			Date of Public Distribution/Dissemination 09 / 06 / 2016		
Mailing Address 1702 E Highland Ave Ste 408			Amount 2000.00		
City Phoenix	State AZ	Zip Code 85016	Transaction ID : SE.4152 Date of Disbursement or Obligation 09 / 06 / 2016		
Purpose of Expenditure Media Production		Category/Type 004			
Name of Federal Candidate MARGARET WOOD HASSAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 2789412.65			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2277095.15		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>		[Electronically Filed]		Date 09 / 07 / 2016	

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Granite State Solutions	FEC IDENTIFICATION NUMBER ▼ C C00580381
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Targeted Victory			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016		
Mailing Address 1033 North Fairfax St Ste 400			Amount 86687.62		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4153		
Purpose of Expenditure Media Advertising		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2016		
Name of Federal Candidate MARGARET WOOD HASSAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 2876100.27			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	86687.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2363782.77

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
09 / 07 / 2016

Signature